

T5330.01 TRANSITIONAL DRUG ABUSE TREATMENT STATEMENT OF WORK  
TECHNICAL REFERENCE MANUAL



U.S. Department of Justice  
Federal Bureau of Prisons

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# Technical Reference

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Treatment Statement of  
Work

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# Transitional Drug Abuse Treatment (TDAT) Statement of Work

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STATEMENT OF WORK

TRANSITIONAL DRUG ABUSE TREATMENT (TDAT)

November 16, 1999

Table of Contents

PURPOSE AND SCOPE . . . . .	1
BOP PROGRAM PHILOSOPHY . . . . .	1
CONTRACTOR LICENSURE . . . . .	2
STANDARDS OF EMPLOYEE CONDUCT . . . . .	3
TRAINING AND COMMUNICATION . . . . .	5
FACILITY REQUIREMENTS . . . . .	5
REFERRAL POPULATION AND ELIGIBILITY FOR TDAT . . . . .	6
TREATMENT REGIMEN . . . . .	7
OFFENDER BEHAVIOR . . . . .	10
FILE MAINTENANCE . . . . .	11
BILLING . . . . .	12
BILLING DEFINITIONS . . . . .	12
MONITORING OF CONTRACTS . . . . .	12
WITHHOLDING AND REIMBURSEMENTS . . . . .	13
ATTACHMENTS . . . . .	14

1. PURPOSE AND SCOPE. The purpose of this statement of work (SOW) is to outline the Government's technical requirements for contractors who provide community transitional drug abuse treatment (TDAT) services to federal offenders, in the custody of the Bureau of Prisons (BOP), residing in a Community Corrections Center (CCC), Comprehensive Sanctions Center (CSC), and/or placed on home confinement. CCCs and CSCs are also referred to as halfway houses.

On occasion, the United States Probation Office (USPO) may seek to use the same services for offenders under USPO supervision. The Regional Transitional Drug Abuse Treatment Coordinator (T-DATC) must approve these placements. The contract requirements set forth in this document prevail, and BOP personnel remain the primary contract administrators.

The scope includes community TDAT services for federal offenders nationwide. All services and programs shall comply with this SOW; the U.S. Constitution; all applicable federal, state and local laws and regulations; applicable Presidential Executive Orders (E.O.); all applicable case laws, consent decrees, and Court Orders. Should a conflict exist between any of these standards, the most stringent shall apply. When a conflict exists and a conclusion cannot be made about which standard is more stringent, the BOP shall determine the appropriate standard. The contractor shall comply with and carry out any applicable changes to BOP policy, Department of Justice regulations, Congressional mandate, federal law, or E.O. Should the Government invoke such changes, the contractor retains its rights and remedies under the terms and conditions of the contract.

(Note: The terms contractor and treatment provider are considered synonymous and are used interchangeably throughout the document.)

2. BOP PROGRAM PHILOSOPHY. The BOP is committed to providing high-quality, empirically-based drug abuse treatment services to all offenders with a documented need for such services.

The philosophy underlying all BOP drug abuse programs is that individuals must assume personal responsibility for their behavior. Despite the influence of environmental conditions and circumstances, the primary target for change is the individual's conscious decision to engage in drug-taking and criminal behavior. The principal goal of treatment is to equip the individual with the cognitive, emotional and behavioral skills necessary to choose and maintain a drug-free and crime-free lifestyle.

The BOP uses a biopsychosocial model that recognizes that there are genetic, biological, family, economic, cultural and other developmental factors that interact and influence a person's decision to use drugs. However, this model emphasizes personal choice and the ability of the individual to change his or her behavior.

The biopsychosocial model of treatment guides intervention in all BOP drug abuse programs. This holistic approach emphasizes comprehensive lifestyle change as the key to treatment success. Issues such as physical well-being, family relationships and criminality are targeted for change in addition to traditional treatment goals of relapse prevention and abstinence. The acquisition of positive life skills is viewed as the means through which participants can change the negative thinking and behavior that led to their drug use and criminality in the past. Through individual and/or group counseling, participants can gain awareness of the negative consequences of their previous thinking and behavior and can learn and develop alternative skills.

The BOP recognizes the need to continue treatment for the offender in the community. T DAT programming is required for all offenders who have completed a prison-based residential drug abuse treatment program. It is critical that compatible treatment is immediately available for these offenders upon their transfer to a community-based program. Acceptable treatment approaches in the community shall focus on the behavioral change process, including components for cognitive skill building, criminal lifestyle confrontation, and relapse prevention. This allows offenders to build upon the treatment received in the institution and incorporate those philosophies into daily living. The return to the community presents many high-risk situations that many times differ from the offender's daily life in the institution. Continuing the offender's treatment while under the BOP's authority further assures community safety and increases the offender's chances of remaining drug free.

3. CONTRACTOR LICENSURE. The contractor shall have a single staff member who oversees the services. That person shall be licensed/certified and provide clinical supervision to all practitioners that provide direct services to the offenders.

a. Employee License/Certification: The contractor shall ensure that a licensed clinical professional (e.g., psychologist or social worker) with documented substance abuse training, or a Certified Addictions Counselor (CAC) oversees the drug treatment services. The individual must be licensed/certified in the state in which the services are provided.

All treatment practitioners providing services under this contract must have at least a Bachelor's degree in the behavioral sciences, with two years of experience as a substance abuse treatment professional.

Paraprofessional practitioners providing services under this contract must meet their state regulations for providing such services. They shall be a CAC in the state where the services are provided and have at least two years experience in treating the drug abusing offender under the direct supervision of a professional counselor.

b. Facility Licensure. The agency/facility providing substance abuse treatment services must be licensed/certified with the state alcohol and drug abuse authority in the state where the treatment program is located.

4. STANDARDS OF EMPLOYEE CONDUCT. The contractor shall not employ any individual to work with federal offenders who is under the supervision or jurisdiction of any parole, probation or correctional authority.

The contractor shall vouch potential drug counselors and all other employees working with the federal offenders through reference and employment checks. The contractor shall require all employees working with federal offenders to provide complete details of any conviction record. Persons with previous criminal convictions, but who are not under court or parole supervision, may be considered for employment; however, the BOP shall approve employment of these individuals. The contractor shall notify proposed employees that a National Crime Information Center (NCIC), National Law Enforcement Telecommunication System (NLETS), fingerprint, criminal records and other appropriate background checks may be processed by the BOP to verify information on employment applications. In addition, the contractor shall ensure that the following standards of employee conduct are observed by all staff performing services under this contract:

a) The contractor shall not display favoritism or preferential treatment of one offender, or group of offenders, over another.

b) Contract employees shall not deal with any offender except in a professional relationship that will support the approved theory of treatment. Specifically, staff members must never accept for themselves or any member of their family, any personal gift, favor or service from an offender or from the offender's family or close associate, no matter how trivial the

gift or service may appear. All staff shall report any violation or attempted violation of these restrictions to the program director; in addition, staff shall not give any gifts, favors or services to offenders, their families or close associates.

c) Contract employees shall not enter into any business relationship (e.g., selling, buying or trading personal property) with any offender or offender's family, or employ them in any capacity.

d) Other than incidentally, contract employees shall not have any outside contact with offenders, ex-offenders, or close associates, except those activities that are an approved, integral part of the program and a part of the employee's job description.

e) Contract employees shall not engage in any conduct that is criminal in nature or which would bring discredit upon the contractor or BOP. The contractor shall ensure that the conduct of all employees is above reproach; employees must avoid misconduct and the appearance of misconduct.

f) Any violation or attempted violation of the restrictions referred to in this section on Standards of Employee Conduct shall be reported telephonically when the contractor becomes aware of the misconduct and in writing within five working days, including proposed action to be taken by the contractor, to the Regional T-DATC. The BOP shall determine if the employee may continue to work with federal offenders. Any failure on the part of the contractor to report a violation and/or take disciplinary action against an employee, may subject the contractor to appropriate action, up to and including termination of the contract.

g) The contractor shall notify employees of the standards of conduct and document this notification in personnel files.

h) Sexual abuse, assault and misconduct impact both offenders and employees, and the orderly running of the program.

Sexual abuse, assault, and misconduct are defined as verbal or physical conduct of a sexual nature, welcome or not, directed toward an offender by another offender, staff member, agent or volunteer of a government or private organization. This behavior shall be prohibited by written policy. It is illegal and a violation of federal law.



The contractor shall immediately report all allegations of such behavior to the Regional T-DATC.

The contractor shall establish a local intervention protocol that offers the offender immediate protection from an assailant.

5. TRAINING AND COMMUNICATION. The contractor shall become familiar with the BOP Residential Drug Abuse Program (RDAP) and its curriculum. The curriculum can be obtained from the National Institute of Corrections Clearinghouse by calling 1-800-877-1461. Additional information is available on the BOP Internet web site, [www.bop.gov](http://www.bop.gov). With the approval and assistance of the Regional T-DATC, the treatment provider may schedule a visit to a nearby BOP institution with a residential drug abuse treatment program or invite BOP institution staff to their facility to provide training. The Regional T-DATC will also provide training to the contractor during on-site visits and telephone calls.

The contractor shall develop and maintain a good working relationship with local halfway house staff. Team meetings between halfway house staff and the treatment provider are encouraged to discuss cases of mutual interest.

The contractor shall attend Regional Contractor's training conducted by the BOP. The purpose of this requirement is to ensure that the treatment provider is thoroughly acquainted with the BOP's drug treatment efforts and able to effectively train their treatment practitioners. All costs associated with this requirement are the treatment provider's responsibility.

6. FACILITY REQUIREMENTS. The facility shall meet all local zoning and fire codes. The contractor shall provide, and have on the site, documentation indicating necessary legal measures are taken to provide for continuity of service in the event of bankruptcy or incapacitation. The contractor shall meet filing requirements necessary to maintain its legal authority to operate.

The contractor's proposed site for services shall not change without the approval of the BOP.

Assessments, treatment planning conferences, group, marital, family and individual counseling services may be conducted at the CCC/CSC or the treatment provider's facility. If services are provided at the CCC/CSC, the treatment provider must receive approval from the CCC/CSC to utilize their facility. The contractor must also ensure that appropriate space will be available for counseling sessions for individual and group substance abuse treatment.

The treatment provider must ensure that the counseling location meets the space requirements for the treatment population. The treatment provider shall ensure the counseling rooms allow for confidentiality, are well-lit, free from extraneous noise, furnished with comfortable chairs, and equipped with the audio-visual equipment needed for treatment. The intent of this requirement is to ensure that the facility has an area that is conducive to group counseling.

The treatment provider must ensure that the facility has a fax machine. Internet (e-mail) access is strongly encouraged. If the treatment provider uses e-mail as a means to communicate, ATTACHMENT D, INTERNET (E-MAIL) REQUIREMENTS, must be followed.

7. REFERRAL POPULATION AND ELIGIBILITY FOR TDAT.

a. Referral Population. The Regional T-DATC will identify all offenders needing TDAT and submit ATTACHMENT A, TRANSITIONAL DRUG ABUSE TREATMENT AUTHORIZATION, to the treatment provider. The following types of offenders represent the TDAT population:

1) Residential Drug Abuse Program (RDAP) Graduates. These offenders have completed the institution portion of the drug program and must complete TDAT in order to complete the BOP's drug program successfully. These offenders will ordinarily be referred with a Treatment Summary and Referral Form, which is a summary of their in-prison treatment experiences, including a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV), diagnosis and recommendations from the prison-based clinician.

RDAP treatment is available at selected BOP institutions. It is provided by a team of drug abuse treatment specialists and a licensed psychologist in a treatment unit set apart from the general prison population. The RDAP is a minimum of 500 hours over a six to twelve month period. Offenders who complete RDAP are required to enroll in TDAT.

2) Intensive Confinement Center (ICC) Graduates. These offenders have completed a military style boot camp program and have been transferred to a CCC/CSC. They have been identified as needing drug abuse treatment. They have completed a course of drug education and have participated in a limited treatment regimen at the ICC. The CCC/CSC placement may be lengthy, and they are to remain in treatment until the Regional T-DATC deems that further treatment is not necessary.

3) Enhanced Treatment Services (ETS) Cases. These offenders are identified by the Regional T-DATC as having a documented drug abuse problem. They include certain direct court commitments, pregnant offenders, federal juvenile offenders and other institution transfers with significant treatment needs. These offenders will have had varied exposure to drug treatment. Details of previous treatment experiences and recommendations may be limited.

b. Eligibility for TDAT. An offender must meet all the following eligibility criteria in order to participate in TDAT.

1) The offender must have a verifiable documented drug abuse problem and meet all the diagnostic criteria for substance abuse or dependence indicated in the DSM-IV.

2) The offender must not have a serious mental impairment that would substantially interfere with or preclude full participation in the program.

3) The offender must sign an agreement acknowledging his/her program responsibility.

#### 8. TREATMENT REGIMEN.

a. Referral. The treatment provider will receive a copy of Attachment A on each offender that will contain information regarding the offender's placement in the CCC/CSC and all clinical material available at the time of the referral. Attachment A will provide guidelines on the number of counseling hours and type of services the offender shall receive from the treatment provider.

Ordinarily, counseling shall not exceed four hours per week. The services may include:

- ! individual counseling;
- ! group counseling;
- ! family or marital counseling (individual); and/or
- ! family or marital counseling (group).

b. Initial Meeting. Within 10 working days of an offender's arrival in the community, or within 10 days of receipt of the authorization if received after the offender's arrival in the community, the treatment provider shall meet individually with each offender. The meeting's purpose is to acquire the offender's signature on all appropriate paperwork, conduct an assessment, if authorized, and develop a treatment plan.

The offender is to be held accountable for meeting with the treatment provider within 10 working days; however, the treatment provider and the CCC/CSC staff also have an obligation to ensure contact is made with the offender. The treatment provider shall notify the Regional T-DATC via telephone, e-mail or fax within two working days of the initial meeting to verify that contact was made.

At the initial meeting, and prior to the beginning of any interview or counseling, all offenders in TDAT shall complete a BOP FORM - Authorization to Release Confidential Information. The treatment provider shall ensure that a copy with all required signatures is placed in the offender's treatment file with a copy forwarded to the Regional T-DATC. If the offender refuses to sign the form, the meeting must be stopped and the provider shall notify the Regional T-DATC immediately.

In addition to signing the BOP FORM - Authorization to Release Confidential Information, each offender shall sign ATTACHMENT B, FEDERAL BUREAU OF PRISONS TRANSITIONAL DRUG ABUSE TREATMENT SIGN IN/OUT LOG, at each session. This form will later be submitted with the monthly bill and used to verify counseling sessions and time frames. The log shall contain:

- ! the session date;
- ! starting and ending times;
- ! type of treatment, i.e., assessment(A), individual(I), group (G), or family (F); and
- ! the offender's printed or typed name and signature.

The contractor shall provide each offender in TDAT with a complete set of their program rules and will secure the offender's signature acknowledging receipt of this document at the initial meeting.

1) Assessment. Ordinarily an assessment will be authorized for all ICC graduates and ETS cases. For RDAP graduates, if a Treatment Summary and Referral Form is available to the treatment provider prior to the initial meeting, an assessment will not be authorized. Instead, an individual or group session will be authorized (if less expensive than the individual assessment) in order for the treatment provider to meet state licensure obligations for assessing new clients.

If an assessment is authorized, it shall be in narrative form and contain, at a minimum:

- ! a summary of the offender's involvement with drugs/alcohol;
- ! a summary of the offender's prior treatment experiences;

- ! a DSM-IV diagnosis of abuse or dependence; and
- ! recommendations for treatment.

2) Treatment Plan. At a minimum, a treatment plan shall include short- and long-term goals. It shall be based on a formal and documented assessment or an intake interview. A treatment plan shall:

- ! be individualized and signed by the offender;
- ! have a statement of the problems to be addressed;
- ! contain measurable, time-bound goals;
- ! have action/activity steps to achieve those goals; and
- ! be reviewed and updated as needed.

RDAP graduates may have treatment plans that are included in the Treatment Summary and Referral Form, or may have a treatment plan from the institution that is still relevant. The provider shall review these documents with the offender to assess their current relevance and use them to provide guidance in developing and/or updating a treatment plan.

The assessment and treatment plan shall be sent to the Regional T-DATC with the monthly bill no later than the second monthly bill on which the offender's name appears.

c. Counseling Services. Counseling sessions should begin as soon as possible after the treatment plan has been completed. The treatment regimen shall not exceed a combined total of four hours (eight 30-minute units) of individual, group, or family counseling, or any combination thereof, per week, without prior approval of the Regional T-DATC.

The treatment provider may recommend changes in the authorized services and/or frequency of treatment. The Regional T-DATC must authorize any changes to the treatment regimen in advance, including stopping treatment.

d. Monthly Progress Reports (MPRs). The treatment provider shall submit information on the progress of all offenders receiving treatment with the monthly bill. This shall begin the month after the Treatment Plan has been received by the Regional T-DATC. At a minimum, the MPRs shall contain:

- ! progress in treatment;
- ! other pertinent issues affecting transition into the community; and
- ! reasons for missed appointments, whether excused or not excused.

The MPR may be the contractor's progress notes or similar material if they address all areas listed above.

e. Discharge Summary. ATTACHMENT C, FEDERAL BUREAU OF PRISONS TRANSITIONAL DRUG ABUSE DISCHARGE SUMMARY, shall be completed for all TDAT participants, including failures and removals. The Discharge Summary shall be in narrative form and shall address the following:

- ! presenting problems;
- ! overall progress on treatment plan;
- ! modalities of treatment provided;
- ! response to treatment;
- ! reason for failure or removal, if applicable;
- ! prognosis; and
- ! recommendations.

The Discharge Summary shall be completed and forwarded to the Regional T-DATC and USPO, ordinarily 10 working days prior to the offender's release date. For offenders removed for disciplinary or administrative reasons, the Discharge Summary shall be sent within 15 working days of the offender's removal from treatment. The treatment provider shall maintain a copy of the Discharge Summary in the offender's file.

9. OFFENDER BEHAVIOR. The BOP has a full range of disciplinary procedures developed for offenders in its custody. A copy of the BOP rules and regulations can be obtained from the Regional T-DATC, if desired.

Accountability is part of the treatment process and offenders need to be held responsible for the choices they make. Certain behaviors require immediate consequences. Missed appointments shall be reported to the CCC/CSC immediately, including nights and weekends. Also, the provider shall document and notify the Regional T-DATC and the CCC/CSC within 24 hours via telephone, e-mail, or fax of the following:

- ! disruptive behavior, including violence and threatening statements;
- ! failure to participate, e.g., sleeping, bad attitude, lack of motivation, failure to complete group work or homework, continued resistance to therapeutic process;
- ! "no shows" to treatment, e.g., canceled, rescheduled, or broken appointments;
- ! illegal behavior, including illicit drug use;

! use of alcohol; and

! any other significant incidents indicating that the offender is not participating meaningfully in TDAT.

10. FILE MAINTENANCE. The treatment provider shall maintain a treatment file for each offender. BOP treatment files shall be maintained separately from non-BOP files. The files shall be maintained on-site, in a locked file cabinet. File material shall be organized chronologically, and shall be consistently organized in accordance with standard case management practices. The treatment provider shall ensure that their staff maintain complete confidentiality of all BOP treatment records, except as provided for in the Agreement to Participate in Community Transition Programming executed by the offender. The treatment file shall include at a minimum:

- ! Treatment Authorization;
- ! BOP Authorization to Release Confidential Information Form;
- ! Treatment Provider's Treatment Contract (if applicable);
- ! Assessment;
- ! Treatment Plan;
- ! Monthly Progress Reports;
- ! Treatment Summary and Referral Form (if provided);
- ! Discharge Summary.

11. BILLING. The treatment provider shall ensure that all services rendered pursuant to this SOW are accounted for and billed monthly. For small contracts, quarterly billing is acceptable with the approval of the Regional T-DATC. By the 10th of each month, unless otherwise authorized by the Regional T-DATC, the treatment provider shall submit an invoice. The invoice will include dates of services, type of service provided, offenders receiving specified services, and the total costs of services. In addition, the contractor shall provide the following with the monthly invoice:

! Individual Sign In/Out Log for each offender for whom services were provided during the month.

! Monthly Progress Report for each offender for whom services were provided during the month.

Failure to provide the necessary documentation in a timely manner may result in delay of payment.

12. BILLING DEFINITIONS.

Assessment/Treatment Plan: The treatment provider's cost for completing the Assessment/Treatment Plan may include the time spent reviewing referral materials, interviewing the offender, administering diagnostic tests, and completing the Assessment and Treatment Plan.

Individual Counseling: Price is per unit, ordinarily no less than 30 minutes in length.

Group Counseling: Price is per unit, ordinarily no less than 30 minutes in length.

Family/Marital Counseling: Price is per unit, ordinarily no less than 30 minutes in length.

13. MONITORING OF CONTRACTS. The Regional T-DATC or designee will monitor the contractor's performance via on-site visits, telephone contact and review of paperwork submitted by the contractor. The monitoring of a contractor's performance is a continuous, ongoing, routine process, and not limited to formal monitoring visits to the facility.

In cases where the contractor has failed to meet contractual obligations, the contractor will have up to 30 days to respond with specific plans to correct the problem. Failure to respond to findings or recommendations may result in monetary withholdings against the contractor.

14. WITHHOLDING AND REIMBURSEMENTS. In the event the contractor fails to meet obligations agreed to during contract negotiation and award, there may be monetary withholdings. The following are examples of reasons monetary withholding may occur:

a. In the event a provider is authorized to change sites or locations, the provider shall be required to reimburse the BOP for all reasonable costs associated with the re-inspection of the new proposed site(s) due to the offeror's change in location. Failure to reimburse the BOP within 10 calendar days of written notification can result in a withholding.

b. When provider fails to respond to monitoring reports or repeatedly fails to correct documented deficiencies, the BOP may increase the number of on-site visits, and charge the provider for the reasonable costs associated with these visits. If the BOP must repeatedly visit the program above and beyond the routinely scheduled activity of monitoring and training, the provider shall be required to reimburse the BOP for all



reasonable costs associated with providing technical assistance, training and oversight required to improve the provider's performance to a satisfactory level. These costs shall be deducted from the monthly billing to the Government.

The above stipulations do not modify nor waive the rights of the BOP to terminate a contract for default under the terms and conditions of the contract.

ATTACHMENTS

- ATTACHMENT A - . . . . . TRANSITIONAL DRUG  
ABUSE TREATMENT AUTHORIZATION
- ATTACHMENT B - . . . . . FEDERAL BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE TREATMENT SIGN IN/OUT LOG
- ATTACHMENT C - . . . . . FEDERAL BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE DISCHARGE SUMMARY
- ATTACHMENT D - . . . . . INTERNET (E-MAIL) REQUIREMENTS
- ATTACHMENT E - AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

## TRANSITIONAL DRUG ABUSE TREATMENT AUTHORIZATION

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Treatment Provider)

RE: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Special Instruction to the Offender ..... \_\_\_\_\_

CCC/CSC: \_\_\_\_\_  
(CCC/CSC Name and Location)  
\_\_\_\_\_  
(CCC/CSC Contact Person & Telephone Number)

Anticipated Arrival Date: \_\_\_\_\_

The above-named BOP offender is referred to your agency for transitional drug abuse treatment services. You are authorized to begin the assessment and/or treatment process within 10 working days of the offender's arrival in the community, or 10 working days from this notice if services are authorized after the offender's arrival in the community. If the offender or a CCC staff member does not contact you to schedule an appointment within this time frame, notify TDAT staff immediately. Ensure that the offender reads and signs the BOP Release of Confidential Information - Consent Form and that it is witnessed and placed in the treatment file with a copy to TDAT staff. (ALL ETS CASES MUST HAVE A DSM-IV DIAGNOSIS FOR DRUG DEPENDENCE AND ABUSE TO PARTICIPATE IN TDAT, IF THEY DO NOT HAVE THIS THE TDAT WILL NOT PAY FOR ANYTHING AFTER THE INITIAL ASSESSMENT.) The monthly bill should be sent directly to TDAT staff with the required Monthly Progress Report and the sign in/out logs.

### AUTHORIZED SERVICES

<u>Services</u>	<u>Frequency</u>
_____ 2011 Intake/Assessment Report	_____
_____ 1010 Urine Collections	_____
_____ 2010 Individual Counseling	_____ Hours Per Week
_____ 2020 Group Counseling	_____ Hours Per Week
_____ 2030 Family/Marriage Counseling	_____ Hours Per Week

Note: At least one, and no more than four, hours of counseling shall be provided per week, unless otherwise authorized. If after the assessment you determine that treatment is not needed, or if you determine that services other than those authorized above are required, contact TDAT staff.

Special Instructions: \_\_\_\_\_

Treatment Services Are Authorized ..... **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Date Date

\_\_\_\_\_ TDAT \_\_\_\_\_ Address and Telephone Number

CC: CCC/CSC; CCM; Regional T-DAT; Offender

**FEDERAL BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE TREATMENT  
SIGN IN/OUT LOG**

Month of : \_\_\_\_\_

<u>Offender's Name</u>	<u>Date</u>	<u>Session Began</u>	<u>Session Ended</u>	<u>Reason for Visit (A,I,G,F)*</u>	<u>Offender's Signature</u>
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		
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	/ /	: am/pm	: am/pm		
	/ /	: am/pm	: am/pm		

\* = A-assessment; I-individual; G-group; & F-family

\_\_\_\_\_  
(Submitting Staff Signature)

\_\_\_\_\_  
(Date)

INSTRUCTIONS: This report is to be a narrative summary of the offender's community treatment activities. It shall include the following sections:

Name: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Projected Release Date: \_\_\_\_\_ USPO Supervision to Follow: ..... Y / N

Treatment Start Date: \_\_\_\_\_ Treatment Stop Date: \_\_\_\_\_

Summarize the offender's initial treatment plan and treatment regimen, including participation in any self-help groups:

Discuss the offender's attitude toward, commitment to, and progress in treatment. Discuss any modifications to the initial treatment plan:

Discuss the offender's relapse prevention plan. Identify ongoing treatment issues. If further treatment is recommended, discuss the type and amount.

Date

Date

Distribution: Treatment File (Original)  
Regional T-DATC (Copy)  
USPO, If Supervision Follows (Copy)  
CCC/CSC Case File (Copy)

INTERNET (E-MAIL) REQUIREMENTS

The treatment provider will not use the Internet to transmit or receive sensitive data or inappropriate information.

Sensitive information shall include the following:

1. Information subject to the Privacy Act of 1974, i.e., social security numbers, home addresses and phone numbers, marital status, race, religion, staff performance evaluations, and other personal information recorded in the Official Personnel File of staff or files of offenders.
2. Information that could be manipulated for personal profit or to hide the unauthorized use of money, equipment, or privileges.
3. Investigative data.
4. Proprietary data, e.g., industry programming code or encryption algorithms, information compiled or developed for in-house use only, selected budgetary data, procurement bids, etc.
5. Information to which access is restricted to authorized personnel by law or directive.
6. Information critical to the Bureau's operation and mission, i.e., WITSEC information, lock and key data, gang or organized crime intelligence, and emergency plans.
7. Information subject to the Tax Reform Act of 1976, i.e., personal income tax returns or information extracted from them.
8. Grand jury information subject to the Federal Rules of Criminal Procedure, Rule 6(e), Grand Jury Secrecy of Proceedings and Disclosure.
9. Information used by automated decision-making systems that have a high potential for financial loss.
10. Information exempt from the Freedom of Information Act (FOIA), 5 U.S.C. 552a.
11. Software or hardware manuals that provide information on system security features.
12. Information specifically designated "Limited Official Use (LOU)."
13. Other information that, if released, might cause harm to any person, adversely affect a federal program, or whose release is prohibited by law or regulation.

Transitional Drug Abuse Treatment  
Statement of Work

T5330.01  
11/16/99  
Attachment E

LIST OF BOP FORMS  
(Provided by the Regional T-DATC)

BOP FORM - Authorization to Release Confidential Information